



## Group Pre-Approval

### NFIP Agent Co-Op Program

Fill out this form to receive pre-approval for reimbursement of advertising costs when using NFIP-approved print templates.

**NOTE:** One form is required for each print insertion.

#### Key Contact Information

First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Company Name \_\_\_\_\_  
Company Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
E-Mail \_\_\_\_\_

#### Ad Run Information

Newspaper Name \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Preferred Insertion Date \_\_\_\_\_  
Newspaper Initial Run Date \_\_\_\_\_  
Estimated Cost \$

Key Contact Signature

Date

#### To Submit for Pre-Approval

Sign this form and fax it to the NFIP Agent Co-Op Program Administrator for pre-approval at least 14 business days prior to the start of your advertising program.

**Fax to** (404) 365-7499

When your request is approved you will receive a signed copy of this document from the NFIP Agent Co-Op Program Administrator.

#### To Receive Reimbursement

Mail the signed/approved copy of this document, along with your check for 50% of the cost (must be pre-paid), to the NFIP Agent Co-Op Program Administrator.

**Mail to** NFIP Agent Co-Op Program Administrator  
JWT  
10 Glenlake Parkway  
North Tower, 4th Floor  
Atlanta, GA 30328

Make your check payable to JWT-NFIP

Office Use Only

NFIP Agent Co-Op Program Administrator Approval

Date